

Using a Skin Kardex to Improve Nurses' Confidence.

Shelby Nice BSN, RN,
Shelby.Nice@lvhn.org

Kaitlin Brody BSN, RN,
Lehigh Valley Health Network, Kaitlin_L.Brody@lvhn.org

Ashley Baxter BSN, RN,
Lehigh Valley Health Network, Ashley.Baxter@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Published In/Presented At

Nice, S. Brody, K. Baxter, A. (2017, October 13). *Using a Skin Kardex to Improve Nurses' Confidence*. Poster presented at: LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Using a Skin Kardex to Improve Nurses' Confidence

Shelby Nice, BSN, RN, Kaitlin Brody, BSN, RN, and Ashley Baxter, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- When patients have several areas of skin breakdown, it is often difficult for nurses to differentiate between the multiple areas.
 - Pre-Survey shows lack of nurses' confidence while documenting skin integrity in the EHR
 - Difficulty identifying correct skin impairment in EHR
 - Staff members can be uncertain of the treatment plan
- Nurse Residents inquired if a visual tool could be utilized to accurately document multiple areas of patient skin breakdown.

PICO

In registered nurses caring for adult Medical Surgical patients, how would the use of a Skin Kardex compared to no Skin Kardex improve nurses' confidence in identifying, treating, and documenting impaired skin integrity.

P- Medical Surgical nurses caring for adult patients with one or more areas of impaired skin integrity

I- Skin Kardex

C- No Skin Kardex

O- Improve nurses' confidence in identifying, treating, and documenting impaired skin integrity

Evidence

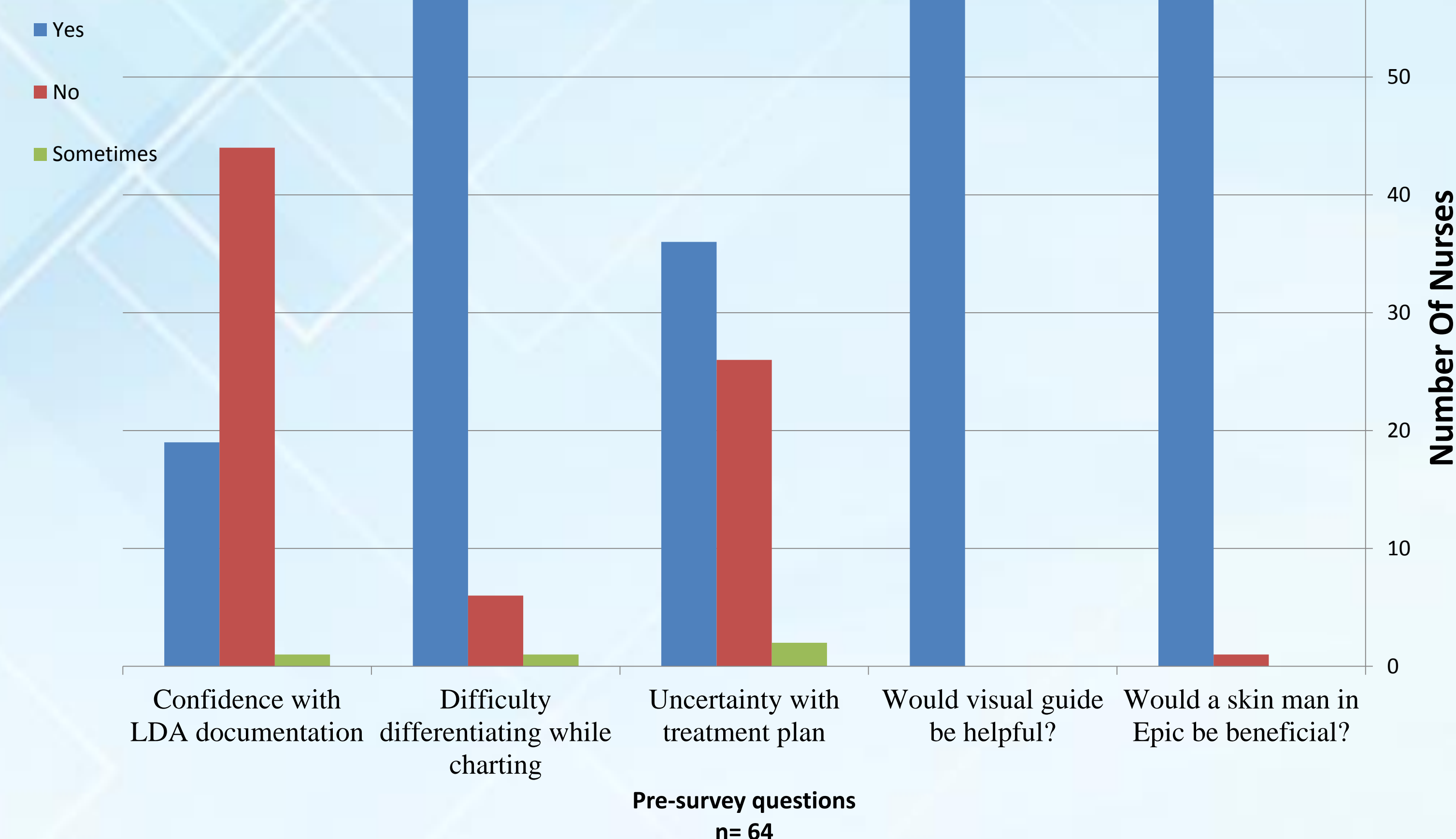
- Acute wounds have the ability to turn to chronic. Accurate documentation of wound assessments is essential to improve communication between staff members, thus improve overall wound management (Gartlan et al., 2010) and (Gunningberg & Ehrenberg, 2004)
- Many patients who had pressure ulcers, did not have accurate documentation reflecting their impaired skin integrity in the EMR
 - Lack of documentation puts patient's safety at risk, and can impair multidisciplinary collaboration (Thoroddsen, Sigurdsson, Ehnfors, & Ehrenberg, 2013)

Implementation Plan

- Process Indicators**
 - 64 pre-surveys were hand-distributed to clinical nurses on 3 different Medical Surgical units in an effort to evaluate their confidence with current practice in identifying, treating, and documenting wounds
- Implementation**
 - All RN's were required to complete a TLC module or handed a printout, to learn how to utilize the Skin Kardex
 - For a 2 week period in August 2017, all patients with one or more impairments in skin integrity had a Skin Kardex initiated and maintained by nursing staff
 - RNs were required to update the Skin Kardex to reflect changes in skin conditions and review the Skin Kardex with the oncoming nurse during bedside shift report

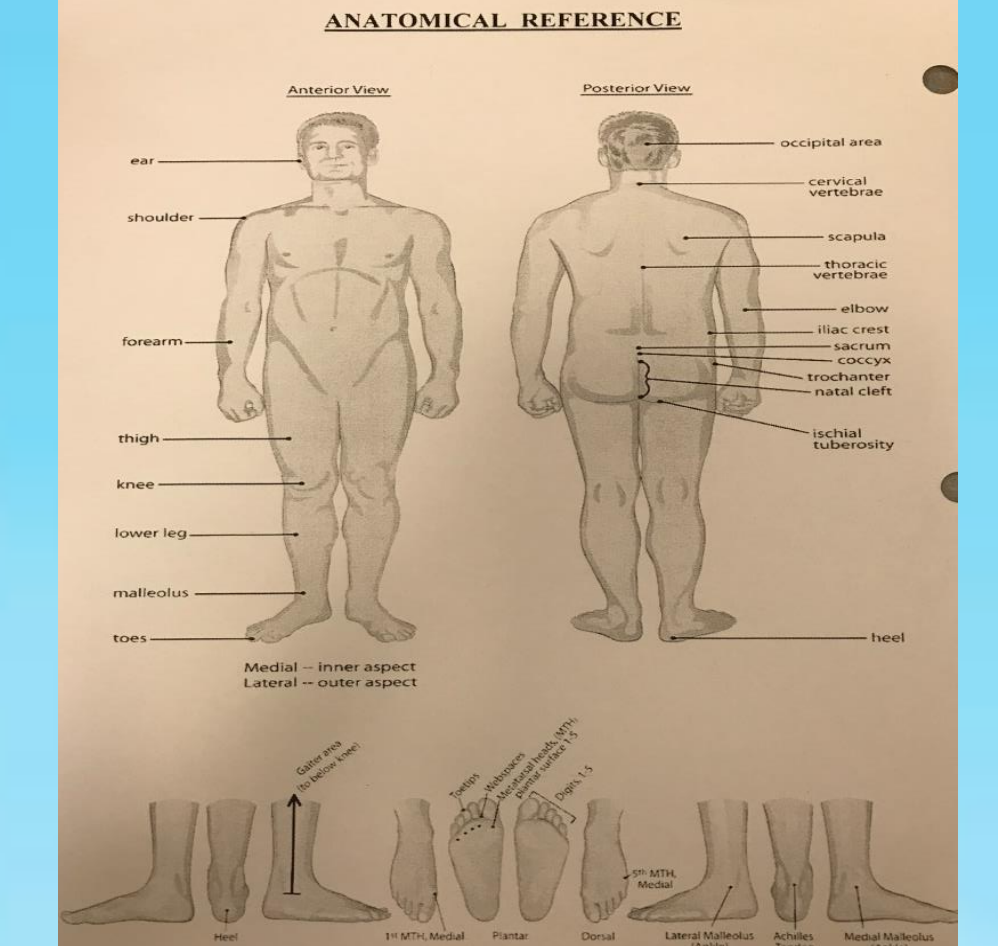
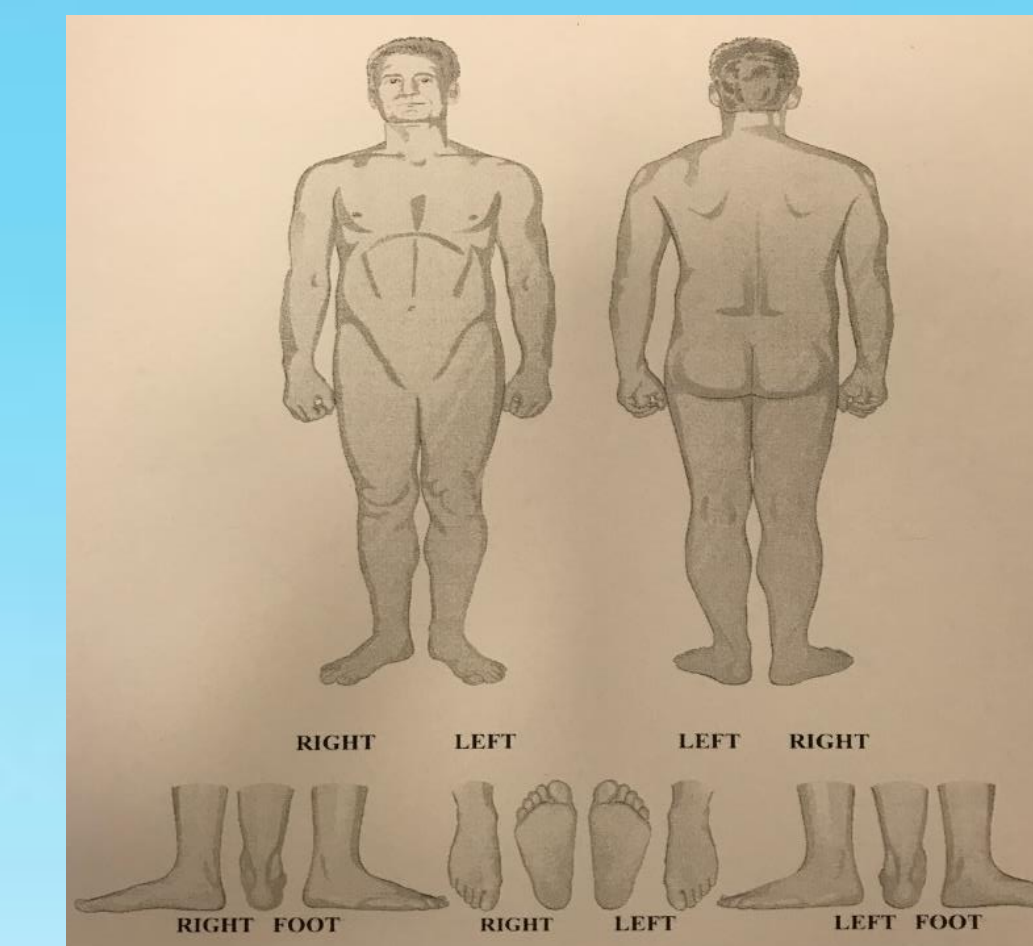
Pre-Survey

Nurse's Confidence in Identifying, Treating, and Documenting Impaired Skin Integrity Before Using the Skin Kardex



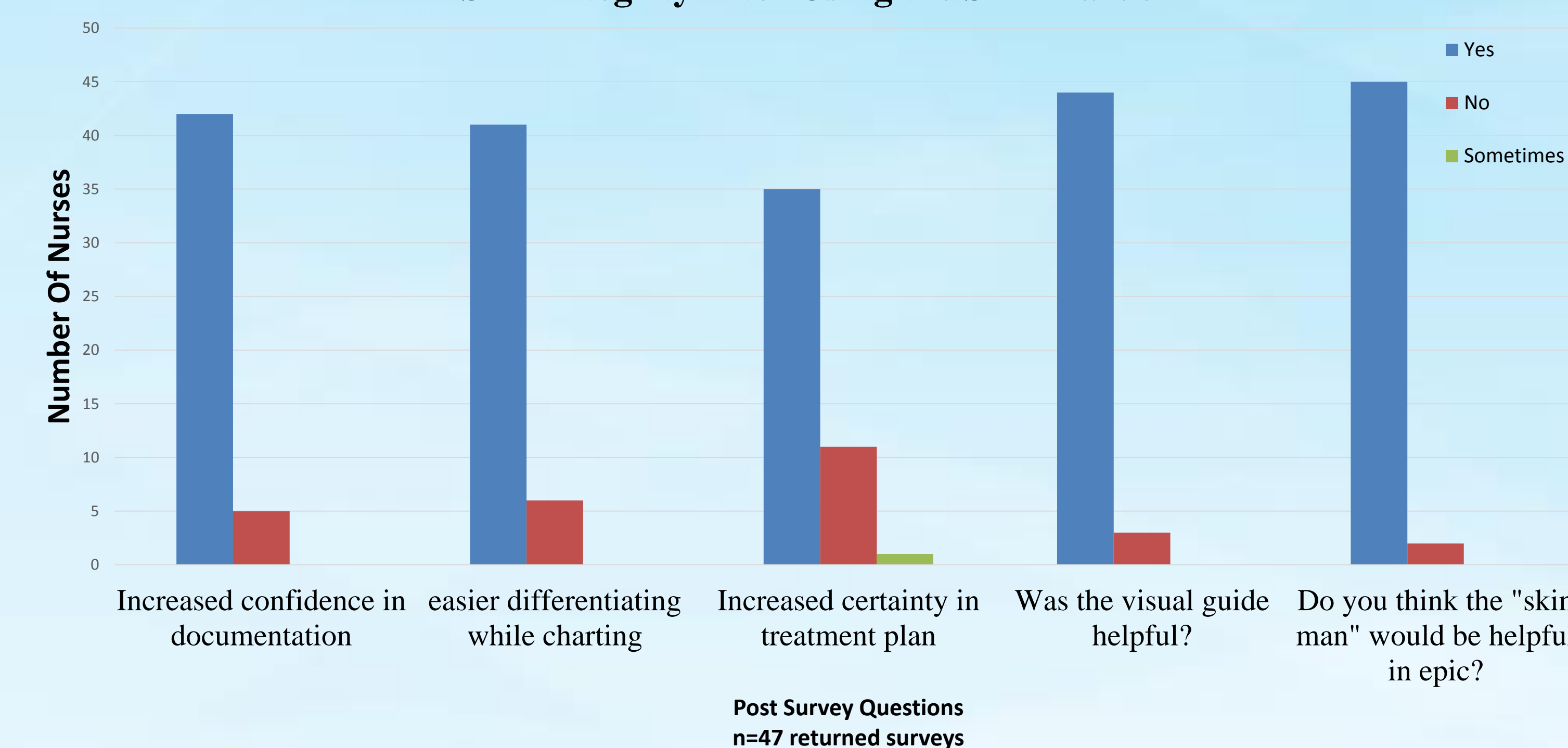
Outcomes

- 65 post-surveys were hand-distributed to clinical nurses with a response rate n= 47.
- Using a Skin Kardex has increased nurses confidence in identifying, treating, and documenting as shown in our post-survey.



Post-Survey

Nurse's Confidence in Identifying, Treating, and Documenting Impaired Skin Integrity After Using the Skin Kardex



Next Steps

- Conversation with Patient Safety Officer revealed the potential for implementation of the Skin Man Kardex into EHR with the next update.

REFERENCES
Gartlan, L., Smith, A., Clement, S., Walke, D., Tomlinson-Smith, A., Boas, L., & Robinson, A. (2010). An audit of the adequacy of acute wound care documentation of surgical inpatients. *Journal Of Clinical Nursing*, 19(15-16), 2207-2214.
Gunningberg, L., & Ehrenberg, A. (2004). Accuracy and quality in the nursing documentation of pressure ulcers: a comparison of record content and patient examination. *Journal Of Wound, Ostomy, And Continence Nursing: Official Publication Of The Wound, Ostomy And Continence Nurses Society*, 31(6), 328-335.
Thoroddsen, A., Sigurdsson, G., Ehnfors, M., & Ehrenberg, A. (2013). Accuracy, completeness and comprehensiveness of information on pressure ulcers recorded in the patient record. *Scandinavian Journal Of Caring Sciences*, 27(1), 64-91.

© 2014 Lehigh Valley Health Network